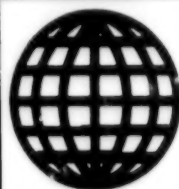


JPRS-TEP-92-011  
30 JUNE 1992



**FOREIGN  
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# ***JPRS Report***

# **Epidemiology**

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**WORLDWIDE HEALTH**

# Epidemiology WORLDWIDE HEALTH

JPRS-TEP-92-011

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30 June 1992

[This Epidemiology report contains only material on worldwide health issues. AIDS and other epidemiology topics will be covered in later issues. Comments and queries regarding this publication may be directed to Roberta, FBIS, P.O. Box 2604, Washington, DC 20013.]

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## COMOROS

### Expanded Vaccination Aimed at Children

92WE0318A Moroni AL-WATAN in French 6 Feb 92  
p. 7

[Article: "A New Strategy for Child Vaccination"]

[Text] The Expanded Vaccination Program has devised a new policy for vaccinating children. Health workers will begin vaccinating against the six major fatal illnesses—tetanus, tuberculosis, whooping cough, measles, poliomyelitis, and diphtheria—in primary schools this year. The children will have to bring in their growth records, so that health workers can check to see whether they have received all the doses of vaccine and administer those they have not.

The new strategy follows the one that was undertaken three years ago in high schools and secondary schools and that did not succeed as expected. It will probably boost the vaccination rate, which is currently 85 percent.

## GHANA

### Nationwide Free Immunization Announced

92WE0201C Accra PEOPLE'S DAILY GRAPHIC  
in English 7 Nov 91 pp 1, 8-9

[Article by E. Adu Gyamera, Sunyani]

[Text] All hospitals in the country will offer immunisation services free of charge to children who report there as from next month.

In addition, all females aged 12 years and above are now eligible to receive at least two doses of the tetanus vaccine.

Col. (rtd) E.M. Osei-Owusu, Secretary for Health announced this at the opening ceremony of a two-week training programme on the Expanded Programme on Immunisation (EPI) and Control of Diarrhoeal Diseases (CDD) at Sunyani on Tuesday.

The Secretary, therefore, entreated teachers in schools and institutions employing females to demand this service for school girls and employees from the nearest health station.

He also announced that measures have been taken to encourage private hospitals, clinics and maternity homes to offer immunisation services by giving them the necessary logistics such as vaccines and training.

Already, the Brong Ahafo Midwives Association is receiving the necessary logistics towards the immunisation exercise.

Col. Osei-Owusu said that to ensure efficiency in the delivery of EPI and CDD both in-service and formal training programmes are being organised for health workers.

On the Oral Rehydration Therapy (ORT) [as printed], the Secretary said to increase its awareness in the country the Ghana Social Marketing Programme (GSMP) has trained registered chemical sellers to use the Oral Rehydration Salt (ORS).

In an address read on his behalf, the Brong Ahafo Regional Secretary, Mr. J.H. Owusu-Acheampong, noted with regret that in spite of the scientific, medical and technological advancement in the treatment of the six childhood killer diseases many children continue to die in their millions.

He attributed this to the fact that the much needed information that should be made available to mothers and parents to know the need for immunisation have been denied them.

Mr. Owusu-Acheampong, therefore, called on all communities charged with health delivery services and other non-governmental organisations (NGOs) to intensify their health activities to make the dream of health for all by the year 2000 a reality.

Forty participants drawn from the military police, World Vision International (WVI), Red Cross, Adventist Development and Relief Agency (ADRA) and facilitators of the EPI from all over the country are taking part in the workshop which is co-sponsored by the World Health Organisation (WHO) and the UNICEF.

## KENYA

### Leprosy, TB Cases Decline in Western Area

92WE0294B Nairobi THE KENYA TIMES in English  
9 Jan 92 p 5

[Article: "Leprosy, TB Cases Have Dropped, Says Doctor"]

[Text] The use of more than one drug in western Kenya has minimised the number of leprosy cases in the region, the medical officer in charge of leprosy and TB treatment in the area, Dr. S.O. Adala has said.

He said treatment where a patient is put on two or more drugs simultaneously was introduced in western Kenya in 1986, after single prescriptions failed.

Speaking at Alupe Hospital in Busia, on Monday, Dr. Adala said since 1986, leprosy cases had reduced to 16 and 20 in Kakamega and Bungoma districts respectively from nearly 400 cases in each area.

He added that cases in Busia District had reduced to 108 from 1,000 in the same period.

Dr. Adala was speaking during the closing of a seminar for medical personnel. He said with early diagnosis and prompt treatment, there was hope of eradicating the two diseases in Kenya by the year 2000.

Dr. Adala assured the participants who were drawn from Western and Nyanza provinces, all health institutions would be equipped with the necessary equipment to deal with the two diseases.

## MOZAMBIQUE

### Measles Kills 8 Children in Manica Province's Guru District

MB3101121492 Maputo Radio Mozambique Network in Portuguese 1030 GMT 31 Jan 92

[Text] Measles has killed eight children in the Mungar administrative area of Manica Province's Guru District since October of last year. More than 70 cases of measles have been diagnosed during the same period. Children between the ages of 11 and 24 months have been worst hit by the disease.

### Inhambane Records 50 Cases of Measles in 1991

MB0202153192 Maputo Radio Mozambique Network in Portuguese 1030 GMT 2 Feb 92

[Text] More than 50 cases of measles were diagnosed in Inhambane Province in 1991. Most of those affected by the disease were children aged between nine and 24 months. Govuro and Inhassoro Districts had the highest number of cases.

### Manica Province Reports 800 Tuberculosis Cases in 1991

MB1202183592 Maputo Radio Mozambique Network in Portuguese 1730 GMT 12 Feb 92

[Text] In 1991, 800 cases of tuberculosis were reported in Manica Province, compared to 240 in 1990. Of the 240 cases diagnosed in 1990, 179 were cured, 13 died, and the remainder did not complete treatment. There were also 54 cases of leprosy reported there in 1991.

### Nineteen Children Die of Malnutrition in Manica

MB2003200292 Maputo Radio Mozambique Network in Portuguese 1730 GMT 20 Mar 92

[Text] A total of 19 children have died of malnutrition over the past five months at the Guro Health Center in Manica Province. They were part of 640 children admitted to the health center between October last year and February this year, suffering from malnutrition.

## NIGERIA

### More Attention To Be Given To Tuberculosis

92WE0297A Lagos THE GUARDIAN in English 25 Jan 92 p 3

[Article by Ben Ukwuoma, Health Reporter: "Ministry To Review Register of Leprosy Cases"]

[Text] Health and Human Services Minister Professor Olikoye Ransome-Kuti yesterday described as "unacceptably high" the 200,000 registered cases of leprosy in Nigeria.

To ascertain the actual number of sufferers, the ministry will review the register of leprosy patients since "some cured cases might be included in the statistics."

The fight against the killer diseases—leprosy and tuberculosis—"shall not be over until we get patients to report early when they have symptoms of any of the diseases."

According to the minister, who spoke at a briefing on the World Leprosy Day, 240,000 tuberculosis patients are in various health institutions in Nigeria, while 25,000 cases are reported yearly.

Justifying the inclusion of tuberculosis in the day designed to raise public awareness of the control of leprosy, Prof. Ransome-Kuti said: "We have combined leprosy and tuberculosis control because the organisms which cause both diseases are similar. Both diseases run a prolonged course but tuberculosis kills while leprosy disfigures."

He explained that the leprosy control service is better organised than that of tuberculosis, adding that leprosy treatment facilities had long been established by missionary groups and that it was not so difficult to re-organise these services.

On the other hand, tuberculosis treatment services, had been limited to injections diseases in hospitals.

But now there are plans to expand the TB component of the programme by improved drug supply, identification of susceptible individuals and health education to control spread by infected person.

Efforts to control tuberculosis which are yet to receive international support started with the immunisation of children with BCG vaccine which has been incorporated into the EPI, he noted.

## RWANDA

### Increase in Tuberculosis Cases

EA2403121092 Kigali Radiodiffusion Nationale de la Republique Rwandaise in French 0430 GMT 23 Mar 92

[Text] Between 1983 and 1989 the number of people affected by tuberculosis increased five times. This was a

sad observation made yesterday when for the second time our country celebrated World Tuberculosis Day. The prefectures most affected by the disease are Kigali, Butare, and Gikongoro. It is believed that AIDS, a disease which weakens the organism, contributed to the increase in tuberculosis as the three prefectures are also those most affected by AIDS.

## SOUTH AFRICA

### Alarm over Health Research Body's Shrinking Budget

92WE0325B Cape Town WEEKEND ARGUS  
in English 25 Jan 92 p 8

[Article by Vivien Horler: "Health Study in Cash Crisis"]

[Text] Sharp cuts in funding and a soaring import bill have left South Africa's primary medical research body, the Medical Research Council, in a critical condition.

Yet without the MRC research input, South Africa's scientific brain drain would increase, the country's health care system would be left directionless and academic medicine, already in crisis, could be paralysed.

"The government should give us more money," says the MRC's deputy president, Dr. Walter Prozesky. "The government says health and education are priorities, and we work in both fields. I believe the government should put its money where its mouth is and give us greater funding."

For many years the MRC's budget was inflation-linked, but for the past three years the council has had to cope with a five-to-seven percent cut every year in rand terms, as well as face an inflation rate of 20 to 30 percent for imported goods such as chemicals, equipment, computers and books.

A changing South Africa meant a change in the MRC's research priorities. The focus on a Western-oriented thrust to be part of the sophisticated international scientific world had shifted to South Africa's own health problems.

The MRC would continue to spend about 50 percent of its budget on research grants for people in other research bodies and academic hospitals... "where basic scientific and laboratory research is done best. It is important to maintain our capacity for this type of work."

The rest of the budget would fund the MRC's own programmes, particularly its six new national research priorities: AIDS, tuberculosis, malaria, urbanisation, nutrition and trauma.

The financial cuts and the rationalisation had made about 20 MRC posts redundant, and the council was still negotiating with individuals about their jobs.

"We're not whining for more money for ourselves," said Dr. Prozesky. "The point is that if the health services do not get the necessary information they will not be able to solve South Africa's health problems, and we'll all suffer."

"The health services can't afford to run blind. It's like driving a car without headlights in the dark—it'll go for a while, but it won't be long until it hits something."

The academic hospitals, where the country's new crop of doctors, nurses and other medical personnel were trained, were already staggering under a double load of increasing demand and shrinking resources.

"If we get a cut in funds and pass it on to the academic hospitals a large part of their capacity is paralysed. And this would have a direct negative effect on the whole medical situation in South Africa."

"We could lose some of our best people; they will leave the country if we don't create structures in which they can continue their research."

The MRC received money from the Department of National Education, and was administered through the Department of National Health, a split that did not make life any easier.

"We've been trying to influence the decision makers, but to no avail," said Dr. Prozesky.

"Budget cuts by national education seem to be passed on indiscriminately, based on precedent, without any proper setting or priorities."

"The situation we find ourselves in is critical. We can't expand, yet South Africa has a growing population and growing health needs."

### Rise in Western Cape Tuberculosis Being Studied

92WE0325C Cape Town WEEKEND ARGUS  
in English 25 Jan 92 p 8

[Text] The number of people with tuberculosis in the Western Cape has been rising sharply for five years—and no one quite knows why.

This is being studied by scientists from the Medical Research Council.

"The increase probably relates to general socio-economic conditions and may reflect the conditions of about 15 years ago," said Dr. John Seager, head of the MRC's new urbanisation research programme.

"Urbanisation leads to overcrowding, which increases the likelihood of infections."

"What we don't understand is that while urbanisation is happening all over South Africa, the increase in the TB rate seems to be confined to the Western Cape."

Dr. Walter Prozesky, the MRC's deputy president, said it was "crucial" to know why the increase was happening only here.

"If we don't know why, and don't take appropriate measures to stop it, the whole country could go the same way."

Until about 10 years [ago] Congo fever was known to exist in South Africa. "People just got sick, started bleeding and died of an unknown cause," Dr. Prozesky said.

"The virus was found and identified. It is carried by ticks on sheep and cattle and farmworkers can be affected.

"Now we know where it occurs, who is most at risk, how to prevent it, how to treat it when someone is infected, and how to isolate that patient so that others are not infected," he said.

## ZAMBIA

### South African Government To Donate Medical Supplies

MB0403183192 Johannesburg SAPA in English  
1732 GMT 4 Mar 92

[Text] Pretoria Mar 4 SAPA—The South African Government will donate drugs and medical supplies to Zambia, where 10,000 people died of malaria last year.

Foreign Affairs Minister Pik Botha, in a statement on Wednesday, said the donation was aimed at fostering regional cooperation in southern Africa.

"The donation has been made in response to a request by President (Frederick) Chiluba of Zambia for assistance in alleviating the current shortage in medicine in that country," he said.

"This humanitarian gesture is made in the spirit of good neighbourliness and in the interest of furthering regional cooperation in southern Africa," Mr. Botha said.

The announcement came as Health Minister Boniface Kawimbe told donor countries and aid agencies two million Zambians contracted malaria last year. More than 10,000 died, he said.

The consignment of drugs and medical supplies is expected to arrive in Zambia this week.

## ZIMBABWE

### Vaccination for Measles Outbreak Stepped Up

92WE0202A Harare THE HERALD in English  
20 Nov 91 p 1

[Text] An outbreak of measles has been reported in some parts of the country and the Government has stepped up its efforts to control the disease.

The Ministry of Health has already informed provincial health officers, and was now informing members of the public about the disease apart from investigating and analysing the reported outbreak.

An official from the Department of Epidemiology and Disease Control said they were vaccinating all children between the age of nine and 12 months. The officer, who chose to remain anonymous, said everything was under control although they had problems with members of the Apostolic Faith sect who did not want to be vaccinated.

"Since October there has been an increase in reported cases of measles throughout the country," he said.

The outbreak was, however, expected "because it is an epidemic season."

The official said the disease had spread sharply this month.

The most affected areas are Chitungwiza, Masvingo, Harare and Manicaland. Meanwhile, the department was trying to make sure it had enough vaccines.

In Bikita, Masvingo, the most affected are schoolchildren, and at Chambuta refugee camp in Chiredzi, the most affected are children under school-going age.

### **Funds Allocated To Expand Herbal Medicine Production**

HK2202061692 Beijing CHINA DAILY in English  
22 Feb 92 p 2

[Article by staff reporter Zhu Baoxia: "Big Investment To Boost Chinese Herbal Medicines"]

[Text] Traditional Chinese medicine will receive a boost when a total of 800 million yuan (\$148 million) is spent between 1991 and 1995 to help renovate techniques and expand production in some major and medium-sized enterprises making the traditional Chinese medicines.

About half of the investment is specially allocated by the central government; the rest will come from the enterprises involved.

Annual State input to the industry averaged 76 million yuan (\$14 million) during the 1986-1990 period. More than 100 plants and factories have been improved with this support. And output of traditional Chinese medicines went up by 33 percent.

The State Administration of Traditional Chinese Medicines has decided that about 70 projects will be improved by 1995.

The improvement programme of quite a number of the projects will concentrate on expansion of production of certain high-quality medicines. By 1995, output value of such products is expected to account for more than 45 percent of the total production of Chinese herbal medicine. And more are expected to be sold abroad, where China now sells traditional medicines to about 125 countries and regions.

According to Zhu Jie, director in charge of the State Administration of Traditional Chinese medicines, priority will also be put on traditional medicines that are effective for treating some common and complicated illnesses such as hepatitis, cardiac and cerebral diseases, malignant tumours and AIDS.

Methods have also been worked out by the administration to carry out scientific research and strengthen quality inspections in the coming five years.

A group of well-known specialists in traditional Chinese medicines will be studying and improving traditional prescriptions.

A national traditional medicine quality inspection network is to be established throughout the country.

China now has 684 enterprises producing traditional medicines, of which 86 are major and medium-sized plants.

Currently 176,400 staff members are working in the industry, of which 10 percent are researchers and technicians.

### **Three Million People Contract Hepatic Distomiasis**

HK2802080592 Hong Kong ZHONGGUO TONGXUN  
SHE in Chinese 0825 GMT 22 Feb 92

[Text] Guangzhou, 22 Feb (ZHONGGUO TONGXUN SHE)—According to a responsible official from the Guangdong Sanitation and Antiepidemic Station, at present, the disease of hepatic distomiasis exists rather seriously in 62 counties and cities in Guangdong. About 15.5 percent of the population has contracted this disease. That is to say, about 3 million people in these counties and cities may have contracted the liver disease. The situation in the 21 counties and cities in the Zhu Jiang Delta is most serious. The infection rate there has reached 18.9 percent. In a district of Sanshui County, the infection rate is as high as 54.7 percent.

The disease is affected mainly by eating raw fish. As night soil in the countryside does not undergo treatment, rampant infection occurs to a serious degree.

In order to check the spread of hepatic distomiasis, the provincial department concerned has worked out a plan for preventing and curing the disease. The main measures include treating human excrement, telling people not to eat raw fish, using different chopping blocks for raw and cooked food, and paying attention to personal hygiene. Pilot projects were carried out in Sanshui and Wuhua County last year.

The infection rates for hepatic distomiasis in some residential districts in these two counties have been reduced from 78.5 percent and 29.4 percent in 1990 to 54.7 percent and 13.85 percent at present. This year, Guangdong will carry out a plan for preventing and curing hepatic distomiasis across the board in all localities.

### **Public Health of Minority Nationalities Improves**

OW2302085592 Beijing XINHUA in English  
0803 GMT 23 Feb 92

[Text] Kunming, February 23 (XINHUA)—Before dinner, the 46-year-old Dai woman peasant, En Suo, turned on the tap, filled a basin with clean water, and told her children to wash their hands with a piece of soap.

This had been a family habit for four years. "As the proverb goes, diseases enter through the mouth; washing our hands before dinner reduces the chances of our catching an illness."

The family is in a Dai nationality village called "Dadenghan" near the China-Burma border in Yunnan Province. The village has 60 households and one half of them is equipped with running water facilities.

"Dadenghan" is only one of the numerous mountain villages in the remote border area. According to Yunnan provincial statistical bureau, thanks to the government's

efforts in the past ten years, 43 percent of the 31.8 million peasants of the province now have potable water.

Building water treatment facilities is only one of several programs the province has carried out in the past ten years to raise the standard of public health in minority nationalities areas. This one program alone cost 200 million yuan.

Yunnan Province has more ethnic minority groups than any other provinces and autonomous regions in the country, and most of them live in mountainous areas.

Before the founding of People's Republic of China, the province was rampant with various diseases.

According to surveys by the Public Health Ministry, the province had over ten specific local diseases, such as malaria, before liberation.

In 1952, doctors began to bring large quantities of medicine into the mountain areas and persuaded local patients to take injections and use oral medicines while launching a publicity campaign on personal hygiene and set up medical clinics.

In the 1980's, Yunnan provincial government speeded up the improvement of public health conditions.

So far more than 3,000 hospitals and clinics accounting for 47 percent of the province's total public health units, have been set up in areas where ethnic minority people live in compact communities. Yunnan has 1.2 million minority people, occupying one third of the provincial total.

In addition, the province has 128 epidemic prevention stations. It has trained a large number of doctors for all the 25 nationalities in the province.

The province has reached the vaccination target rate set by the World Health Organization: 85 percent of minority nationality children receive vaccines each year.

### **Nationwide Program for Bone Marrow Donations To Be Launched**

*OW1403132092 Beijing XINHUA in English  
1251 GMT 14 Mar 92*

[Text] Beijing, March 14 (XINHUA)—The Chinese Red Cross Society issued an urgent appeal today for Chinese citizens to donate bone marrow to replenish the critically short supply necessary to treat the country's over 30,000 leukemia patients.

At the same time, China's leading group in charge of bone marrow donations from non-family members announced its formal establishment in the Chinese capital. The organization will begin an immediate nationwide program to accept applications for bone marrow donations.

It was learned that 62 students of the People's University in Beijing and over 30 staff members of the Chinese Red Cross Society have applied for bone marrow donations.

Speaking at today's press conference, Gu Yingqi, vice director of Chinese Red Cross Society, said that many Chinese do not understand that humans are not physically harmed by donating small amounts of bone marrow. He pointed out that even small amounts of marrow can be used to save the lives of leukemia patients.

The vice director stressed that publicity regarding bone marrow donations should be increased, and related medical information should be spread throughout the country.

Sources from the Department of Public Health said that the use of bone marrow transplants is widespread in advanced countries. The sources pointed out that in the past successful bone marrow transplants could only be accomplished if the donor was a member of the patient's immediate family. However, today's advanced technology has made it possible for bone marrow used in transplants to come from other than family members.

The highly acclaimed research which resulted in the use of the new bone marrow transplant technique won the 1990 Nobel Prize for medicine. Since that time the technique has gained wide acceptance and has been regarded as one of the world's most advanced medical techniques.

At present, the number of bone marrow donors in the United States is reported to have reached 450,000, while the number of donors in the United Kingdom stands at over 140,000.

## LAOS

### Whooping Cough in Sekong Discussed

92WE0254B Vientiane PASASON in Lao 12 Dec 91 p 1

[Unattributed report: "Whooping Cough Spreads in Dakcheung District"]

[Excerpt] According to local reports, since November whooping cough has been spreading in Dakcheung District of Xekong Province, and a number of people have died

The spread of the disease appears to be continuing, and the district medical cadres have been working to block the spread and to care for and cure those with the disease. [passage omitted]

## SINGAPORE

### Institute's Findings May Result in Cancer Cure

BK1903013892 Hong Kong AFP in English 0748 GMT 18 Mar 92

[Text] Singapore, March 18 (AFP)—Persons with cancer may face hope of a cure due to a scientific breakthrough by the Singapore Institute of Molecular and Cell Biology (IMCB) in strengthening the body's defences against tumour cells

Chris Tan, director of the IMCB, said this achievement was probably a world first and the findings may result in a possible cure for cancer

He told AFP that Hong Kong-born immunologist Hui Kam Man and his team had found a way to make the T-cells, the body's defence system, recognise and kill tumour cells which had managed to evade the system.

Hui, 38, and his colleagues extracted the tumour cells from the body, genetically altered them so that when they were re-injected into the body, the T-cell defence system would recognise them and kill them

Clinical trials on the findings are due to start in April with the British Columbia Cancer Agency and Canada's Health Protection Branch

Tan said that the genetically-engineered tumour cells worked "100 percent" in animal models and trials would now start on cancer patients

"We might be the first institute in the world to apply this combination of tricks, that is extracting the tumour cells and reinjecting them into the body after they had been genetically-engineered," he said.

Tan, who returned after being in the West for more than 20 years to head the IMCB, explained Canada was chosen for the trials because Hui's findings were to be tested on a type of skin cancer that was rare in this part of the world

## THAILAND

### Phuket Hookworm Cases Reported

92WE0246A Bangkok NAEON in Thai 24 Dec 91 p 11

[Excerpt] Dr. Wiphut Phuncharoen, the Phuket provincial public health officer, said that communicable disease control officials subordinate to the Phuket Provincial Public Health Office conducted a survey last October in Ban Chao Thai Mai and found 59 cases of hookworm. They found 43 cases among students at various schools and 42 cases among workers at a rubber plantation. Besides this, outside the municipal area, they found that 39 percent of the people examined had hookworms, of whom 31 percent lived in workers' camps. In December, this same team of officials will return to this area in order to formulate a prevention plan. [passage omitted]

## VIETNAM

### Children in Red River Delta Vaccinated

BK1301145592 Hanoi VNA in English 1415 GMT 13 Jan 92

[Text] Hanoi VNA Jan. 13—The Red River Delta province of Thai Binh in 1991 had 97.42 percent of its under-one-year-old children (36,883 among 37,907) vaccinated against the six major diseases: polio, T.B., measles, whooping cough, diphtheria and tetanus.

As the result, in the 1987-1991 period the morbidity rates markedly dropped by 99.14 percent in polio, 99.9 percent in diphtheria, 99 percent in measles, compared with the 1982-1986 period.

In the coming period, Thai Binh strives to have more than 90 percent of its under-one-year-old children vaccinated against the six child-killer diseases every year.

### Foreign-Aided Plan To Combat Rural Disease, Ignorance

BK1301162892 Hanoi VNA in English 1350 GMT 13 Jan 92

[Text] Hanoi VNA Jan. 13—A programme of action for children of rural areas has been worked out by the Vietnam Farmers' Association (VFA).

Vietnam has about 21 million children in rural areas, accounting for 83 percent of the total children. At present, fifty percent of them suffer from malnutrition. Thirty percent of the children under five years of age are under treatment for acute respiratory infections. In addition, they are often affected by diarrhea, whooping cough, measles, polio, tetanus, etc.

Illiteracy is also a serious problem. About 1.2 million children between 6-10 years of age and about 1 million

11-14 years old do not go to school. There are about 300,000 orphans, 1 million handicapped children and 50,000 street children.

This situation is due to the consequences of war, poverty caused by backward economic conditions, low intellectual standards of the people, and a too rapid population growth.

The programme has enjoyed financial assistance from the United Nations Children's Fund and the Swedish Save the Children, Radda Barnen. [as received]

The activities of the programme include the introduction of the UN Convention on the Rights of the Child to every family, the transfer of science and technology, capital lending and the sharing of experiences to help raise the work efficiency.

The VFA, together with local administrations, hoped to educate the farmers. Particularly [words indistinct] in using contraceptives, open free classes to eradicate illiteracy, and encourage the people to live a new, healthier lifestyle. The people join efforts with the state in giving help to children of such difficult living conditions. This programme has been experimented in the provinces of Ha Tuyen in the north, Ben Tre in the south, and Quang Ngai in central Vietnam.

#### **Vo Van Kiet Receives Malaysian Health Minister**

*BK1902151992 Hanoi VNA in English 1432 GMT 19 Feb 92*

[Text] Hanoi VNA Feb. 19—Chairman of the Council of Ministers Vo Van Kiet received here today Malaysian Health Minister Lee Kim Sai, who is heading a Malaysian public health delegation on a working visit as guest of Minister of Public Health Pham Song.

Chairman Vo Van Kiet welcomed the Malaysian minister and his party, the first high-level delegation of Malaysia here, to discuss measures to further develop the cooperation between the two governments during Chairman Vo Van Kiet's visit to Malaysia in January. The chairman affirmed that the Vietnamese Government would create all conditions for the implementation of mutual agreements between the two health services.

The Malaysian minister highly valued the Vietnamese health service's potentials and achievements in the fields

of research, personnel training, and disease prevention and treatment. He said that with these potentials, Vietnam has all conditions to cooperate with and assist Malaysia in the medical field. He affirmed that Malaysia would do its best to make bilateral cooperation in the health care and other fields more fruitful.

The Malaysian delegation arrived here on Feb. 16 for a week-long working visit to inquire into the development of traditional medicine in Vietnam.

This afternoon, Vietnamese Health Minister Pham Song and his Malaysian counterpart Lee Kim Sai signed a cooperation document between the two countries.

Under the document, the two sides will exchange medical workers, especially specialists in traditional medicine, and cooperate in medicine production and trading in AIDS prevention and diagnosis, as well as in personnel training.

The Malaysian guests toured a number of various research institutes, hospitals, and pharmaceutical enterprises in Hanoi and Ho Chi Minh City.

#### **Measles Kills 99 Children in Lao Cai**

*BK1803142592 Hanoi Voice of Vietnam Network in Vietnamese 0500 GMT 15 Mar 92*

[Text] A bout of measles has broken out in Bac Sat and Sa Tay Districts, Lao Cai Province, killing 99 children and affecting nearly 1,300 others since early February. The Ministry of Health and the Lao Cai Province Public Healthcare Service have assigned medical cadres to the various villages and hamlets to treat and care for the affected children, to protect those who have already recovered from complications, and to inoculate those who have not contracted the ailment yet. To date, the disease has reached its last stage of development and has been under control.

Noteworthy is the fact that no grassroots public healthcare service was available in areas affected by measles. The local people were, therefore, in dire straits. No grassroots public healthcare service was available in all seven villages affected by measles in Bac Sat District. Only one physician worked there and the children did not receive any inoculation.

## ALBANIA

### Health Pact Concluded With Romania

AU0702151292 Tirana ATA in English 1018 GMT  
7 Feb 92

[Text] Tirana, February 7 (ATA) - From January 31 - February 4, 1992, the Minister of Health of the Republic of Albania Kristo Pano paid a visit to Romania. The agreement between the Ministry of Health of Albania and the Ministry of Health of Romania for 1992 was signed in Bucharest on February 3.

The agreement envisages that 20 patients a year be sent for specialised medical treatment in Romania, the exchange of medical cadres (specialists) for a period from 10 months to a year, assurance of free of charge assistance of the nationals of both countries temporary staying in Romania or in Albania. Besides, both parties will mutually inform of the epidemiologic situations on both countries through epidemiological bulletins.

## BULGARIA

### Minister Announces Planned Changes in Health Care

AU0502143692 Sofia BTA in English 1359 GMT  
5 Feb 92

[Text] Sofia, February 5 (BTA)—"Bulgaria has no strategy for combatting AIDS. Diagnosis, hospital out-patient service and treatment are provided by different institutions with different suppliers of consumables, as a result of which there is a certain divergence in their efforts. The national blood transfusion network uses

most AIDS diagnostic tests in this country, its stock of tests will last until the end of April," Health Care Minister Nikola Vasilev told a news conference today.

A transformation of the Medical Academy in Sofia is forthcoming. Under the health care bill it will become a higher medical institute. The names of the other four medical institutes—in Plovdiv and Stara Zagora (southern Bulgaria), Varna (north-eastern Bulgaria) and Pleven (northern Bulgaria), will be changed likewise.

The Bulgarian Red Cross is also in for a transformation. "In the last few years the foreign partners lost confidence in the Bulgarian Red Cross. That is why the Foreign Aid Agency and a special unit with the Ministry of Health Care were set up to distribute humanitarian aid from abroad. The Bulgarian Red Cross should deal with blood donation and the treatment of Bulgarian citizens abroad," Mr. Vasilev said. The Bulgarian Red Cross organization, one of the oldest in the world, was set up during the 1877-1878 Russo-Turkish War for the liberation of Bulgaria from Ottoman domination. The Finnish Red Cross was set up at the same time to take care of the Finnish troops fighting in the war.

The health care minister suggests that Bulgaria develop a civil and a military health care system. The health care establishments with the Ministry of the Interior and the Ministry of Transport, which have some of the best specialists in Bulgaria, will be closed down. Their patients will be attended by the military medical establishments, while the equipment will go to the civil health care system.

The training of Bulgarian physicians up to European standards and family planning (the 1991 birth rate was minus 3 percent) are among the ministry's priorities.

**BRAZIL****Health Ministry Budget for 1992 Cut to \$3.8 Billion**

92WE0160B Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 27 Nov 91 p 1-4

[Text] In 1992 the Health Ministry will have fewer funds to invest in and maintain the medical care system in the country. In the 1992 budget proposal presented to the National Congress for the ministry, the health sector will have \$3.8 million less than this year.

If the funds for construction and maintenance of the CIAC's [Integrated Centers for Assistance to Children] are not considered part of the health allocation, even though they are included in the ministry's budget, the cut from 1991 to 1992 comes to \$4.49 million.

"This totally compromises the already weak health network. This year the ministry is already five months behind in payments for patient admissions to the system, as contracted by the country," declared Federal Deputy Alberto Goldman, (PMDB [[Brazilian Democratic Movement Party/Sao Paulo], author of the study.

Goldman's accounting was based on the budget approved for this year and the government's proposal budget for next year.

The Health Ministry received \$11.8 billion in 1991. Of this total, \$11 billion was spent to maintain the network of hospitals and health units in the country. Next year the ministry will receive about \$8 billion, of which only \$5.5 billion will be used for this purpose.

According to the proposed budget, about \$670 million of the Health Ministry's resources will be used to build CIAC's. Discounting this amount, the funds at the ministry's disposal drop to \$7.3 billion.

The study shows that the volume of resources for investment (construction of hospitals and health units) has risen by more than 200 percent. In 1991, about \$754 million was approved for this purpose. The proposed allocation for next year is \$2.4 billion.

**ST. LUCIA****Officials Add Measles To Health Alert**

FL1302031892 Bridgetown CANA in English  
2059 GMT 12 Feb 92

[Text] Castries, St. Lucia, Feb 12, CANA—St. Lucia, already on a cholera alert, added measles to that category on Wednesday, health officials said.

Dr. Debroah Louisy Charles, senior medical officer, said on state-owned Radio St. Lucia that an outbreak of the measles in the Dominican Republic had forced the measure here.

"Any child who did not have his measles vaccination last year should do so immediately," she said. Dr. Louisy Charles urged persons here with a rash and fever over a three-day period to seek urgent medical attention.

Last year, health authorities launched a measles eradication programme which was described as successful.

Last week, St. Lucia was placed on a cholera alert after Venezuela reported several cases of the disease.

## ALGERIA

### 'Deplorable' Condition of Medical Equipment

92WE0245A Algiers EL MOUDJAHID in French  
30 Dec 91 p 14

[Text] The Radiology Department at the Aissat Idir Neurology CHU [University Hospital Center] is being overburdened these days by the number of patients arriving from various parts of the country: between 20 and 30 people are examined by its scanner every day.

The reason for the rush to that department is that it is the only one with a scanner in working order, unlike the departments in other CHU's possessing that kind of equipment and scattered throughout five governorates (Constantine, Annaba, Oran, Tlemcen, and Algiers). The biggest problem facing the various radiology departments is the lack of spare parts, film, and other products needed for their operation, the result being that their equipment, and especially their scanning equipment, has not been used for a long time.

The Radiology Department at the Mustapha CHU in Algiers can be mentioned as an example of what we are saying. That department's scanner has not been in working order since May, and the reason is the lack of spare parts.

According to the deputy director of medical equipment in the Ministry of Health, Mohamed Bouchama, this deplorable situation is due to the problem with maintenance and upkeep. Bouchama says that the responsibility for this state of things lies with the officials in those departments and, more specifically, the directors of the CHU's. Bouchama draws attention to their lack of experience in hospital management and the fact that little importance is attached to maintenance. Those officials, he says, have not released the credits necessary for maintaining the equipment and also have not taken any steps to train technicians and engineers. Added to that is poor management of the foreign exchange budgets allocated to those CHU's. Some of the officials in question purchased major items of modern equipment and huge quantities of medical supplies at great expense to last for several years, whereas they should have used their budgets in a rational manner to meet urgent needs and the needs for the year.

Also according to Bouchama, the National Medical Supplies Enterprise, for its part, has not helped to provide spare parts or to train technicians, even though the credits made available to it by the Siemens firm, which is in charge of after-sales service of the scanners, are estimated at 1.1 million Deutsche marks [DM] out of the 2 million DM allocated to all medical sectors in Algeria.

On that specific point, Mr. Atif, the manager of the enterprise in question, recently emphasized in a statement to the APS that the hospital centers have not paid their debts totaling an estimated 50 billion centimes to

the medical supplies enterprise. That has prevented the enterprise from doing its job properly.

Bouchama says that another problem, and not a minor one, is the debts owed by the CHU's to the banks, which consequently put up obstacles when it comes to importing medical products or spare parts.

In the opinion of Professor Azzedine Zerhouni, head of the Radiology Department at the Aissat Idir Neurology CHU, the problem the CHU's face as a result of the lack of products, equipment, and especially spare parts is due basically to failure by the National Medical Supplies Enterprise to live up to its commercial commitments and its duties to the users.

Prof. Zerhouni says that in response to that major problem, the medical institutions have had to use their own funds, even though those funds are limited. In addition, he says, a foreign exchange budget has been made available to some hospital centers since 1989 for the purpose of maintaining their equipment in accordance with the recommendations of the National Medical Commission on Radiology and the Directorate of Infrastructure in the Ministry of Health.

But bureaucratic, customs, and banking difficulties often hamper the importation and acquisition of medical equipment, all the more since the suppliers demand payment before delivery.

Prof. Zerhouni says that 30 percent of the spare parts account for 80 percent of the money tied up in a single item of equipment.

The annual cost of maintaining all the equipment is estimated at from 5 to 15 percent of the value of that equipment.

Another problem mentioned by Professor Zerhouni is the inability of the radiology departments to take advantage of the "standardized exchange" of spare parts, an operation that consists of sending a defective part back to the supplier and paying a small sum to receive a new part. That kind of operation makes it possible to save 70 percent of the foreign exchange allocated to spare parts.

### Pharmacists on Problems Filling Prescriptions

92WE0272B Algiers EL MOUDJAHID in French  
15 Jan 92 p V

[Article by Zahia Bechecker and Sakina Dries: "Pharmacists' Confusion"]

[Text] The disappearance of pharmaceutical products has thrown the entire population, patients, pharmacists, and doctors into confusion.

Indeed, when pharmacies lack the most ordinary drugs for a certain length of time, the citizen is entitled to ask himself all sorts of questions.

These products are basic needs. They cure us of our little daily ills (flu, fever, toothache, the healing of wounds, etc.). And unfortunately this is what is missing right now on the drug market. The SOS's for help made on a daily basis by patients are a perfect illustration of this alarming situation.

As for pharmacists, they can do little and their shelves are almost bare. The closing of ENAPHARM (National Enterprise for Supplying Pharmaceuticals) for inventory seems to be the main cause.

One pharmacist on Ben M'Hidi Street pointed out to us that "the situation is critical. We only get 20 to 25 percent of our orders. At this rate, we'll have to turn ourselves back into a toiletries store. We're embarrassed always to give a negative response when they come just for analgesics, Upsa (aspirin) or even nose drops. What are you supposed to say when you're talking about indispensable drugs such as Diamicron, Daonil, Grucoral, or ordinary insulin for diabetics?"

The same situation is being experienced by patients with asthma and high blood pressure and heart problems.

For children, no antibiotics are available.

In the same street, another pharmacist told us that for some weeks she has been drawing on her older stock, and that this will soon run out. "To alleviate the problem, we've resorted to swaps with other pharmacies several times, mainly with those of Skikda and Annaba. We hope ENAPHARM will start up again as soon as possible, but if they don't...."

At the Si El Hadi pharmacy, one young pharmacist told us that for the past three months "only 50 percent of our orders have been fulfilled, which greatly disturbs us."

Our pharmacist added: "Thanks to swaps with pharmacists in Oran, M'Sila, and Constantine, we've been able to acquire a small amount of Voltarene, Maalox, and Dolipran, which will last us a few days."

At the Cheriet Lazhar pharmacy, one pharmacist told us: "We're sick and tired of saying 'I'm all out' all day long."

On the consumer side, the confusion is all the greater. In every pharmacy we were struck by the long waiting lines and the incessant traffic of people coming and going holding prescriptions. These customers told us they visited four to five pharmacies to find some of the prescribed drugs, that is, if they did not come out emptyhanded. "I've gone to every pharmacy in Algiers for asthma medicine, but failed," one exasperated mother, whose son is an asthmatic, told us.

Every citizen we met told us they travel miles in search of drugs, for example Mohamed, who came from Baraki and visited each and every pharmacy on his route and could not find any Diamicron for his diabetic father. Unfortunately for patients, it is not only indispensable drugs that are unfindable. The same is true of more

common products such as aspirin, Denoral, Dolipran, etc. "You can no longer cure a migraine headache," an exasperated Mourad said.

This feeling seems to have affected many consumers of medicine, some of whom have even become aggressive. "One of my sales clerks was almost attacked by one citizen when she told her that her medicine wasn't available," a pharmacist on Ben M'Hidi Street told us.

"Even nose drops for babies aren't to be found. What a shock! If you can't find cough syrup, Catalgin or drops when it's cold, when will you find any?" one woman asked.

The unavailability of medicine does not affect only pharmacists and citizens but also doctors, who find it difficult to write prescriptions. Nacima, a general practitioner, told us the case of a patient who asked for a prescription for only what was to be found on the market. For some years another diabetic has opted for a faith healer. Finally others ask for a tailor-made prescription, knowing they can stock up from Morocco, France, or elsewhere.

This disruption certainly threatens to change our habits. If we ordinarily purchase medicine for our immediate needs, it would seem that from now on it will be necessary to stock up each season.

We are familiar with the Algerian who stocks up on everything—given the way things go—but to see him stock up on medicine.

### Shortage of Pharmaceutical Products

92W E02724 Algiers EL MOU'DJAHID in French  
15 Jan 92 p III

[Article by Radia Saad Bouzid: "Pharmacies 'Off'" — first paragraph is EL MOU'DJAHID introduction]

[Text] For several weeks, people have been noticing with some bitterness a major shortage of pharmaceutical products on both the private and public markets. This is an unprecedented phenomenon, and one that worries many families, who do not understand why this shortage persists in an area as sensitive as health. What exactly is going on?

These past few months medicines have been supplied in dribbles for basically economic reasons. The ENAPHARM (National Enterprise for Supplying Pharmaceuticals), which is the main agency responsible for the supply of pharmaceutical products, cannot by itself satisfy citizen demand because it is bogged down in financial problems. These problems are due to the suspension of state subsidies since April 1991 and the agency's transition to autonomy. Before that, the freeze on the price of drugs was also at the root of the agency's deficit, and it has found it difficult to recover. Because of this deficit, which amounts to several billion centimes, banks are refusing to certify its payment checks. For its

part the customs administration as well is refusing to "free" the drugs if the agency does not pay duties and other customs taxes.

"Whatever the case may be," Mr. Beloucif, ENAPHARM's director general explained to us, "for hospitals the shortage rate is at 13 percent and for the public-sale sector, it is at about 51 percent. Thirty-nine pharmaceutical products will soon be distributed and others are about to be. At that point we will do the analysis and the relabeling of these imported drugs in our laboratories, as a follow-up to the freeing of prices at the end of 1991 announced by the Ministry of the Economy."

"We have even designated a certain type of pharmaceutical product," he continued, "so as to deal with the most urgent cases, particularly heart and diabetes patients, etc."

In the case of citizens and sick people, administrative and financial problems do not concern them at all. All they want is to find their product when they need it and when they ask for it. There are some illnesses that do not wait, which evolve with time, and even some patients who die of the disease because they cannot get care. Certain citizens turn directly to friends who are going abroad in order to obtain this rare commodity.

However, it happens that they run into another shortage, this time at the hospital. As in the case of a little girl who, in order to have a blood test, had to bring back the syringe herself but faced another shortage at the Beni-Messous Hospital where, apparently, there has been no radiography or morbiline for needed tests for more than six months. Every pharmacy has also been suffering from this shortage for a very long time. "We are getting drugs in dribbles, and often not at all," pharmacists say. To a considerable degree, drugs are not available in several pharmacies. "It's unacceptable and chaotic for there to be this shortage of such indispensable medicine, for certain patients in particular," said two scandalized pharmacists, one located in Bab El-Oued, the other in Ain-Taya. "The fault," they continued, "lies with poor management and poor distribution at ENAPHARM, which often supplies drugs just a few months before their expiration date. And then," they explained, the "labeling and the analysis of the drugs doesn't take that much time. The life of some patients depends on this."

#### The D System

To cope with this shortage, some pharmacists try as best they can to stock up from other (private) suppliers and swap pharmaceutical products so as to satisfy an increasingly more pressing demand. Sometimes they even telephone doctors so they will change their patients' prescriptions to drugs they have available or that are on the market. However, it appears that some suppliers are taking advantage of this shortage and trying to "slip in" some of their unrequested products. Quite often the drugs supplied to pharmacies get there only a few months before their expiration date. According to Messrs. Ait Mouhab and Djennoune, two pharmacists,

"several divisions of SAIDAL [expansion not given], where we get our antibiotics, are now engaging in concurrent sales by making us take drugs we don't need or that we already have in stock."

In addition to this shortage of drugs, one pharmacist told us: "Certain doctors sometimes prescribe drugs we don't have on hand. Because they don't learn what pharmaceutical products exist on the market and so they confuse the poor patient, who runs into major shortages these days."

Finally, if today's drug shortage is being felt acutely, it might be time to do something about it by turning this sector into a strategic sector and adopting an adequate policy with regard to public health so as to launch the pharmaceutical industry and thus result in self-sufficiency in drugs, which is the only valid solution if we want to avoid importing these products, which cost us dearly.

#### Drugs: Shortages, Distribution Problems Discussed

92WE0308A Algiers EL MOUDJAHID in French  
16 Feb 92 p 5

[Unattributed article: "Medical Drugs: Chronic Shortage"—first paragraph is EL MOUDJAHID introduction]

[Text] Undeniably, not only are drugs priced high, but pharmacies do not have much of these miracle products to display. This terse truth is plain to see on the faces of customers leaving pharmacies after a short conversation with the sales clerk.

"I went all over Algiers looking for a bottle of aspirin," an indignant customer said as he was leaving the Bab-Azzoun pharmacy. "Is it forbidden to become sick?"

Asked about the drug shortage, a concerned pharmacist admitted that, if it went on, he would have to turn his pharmacy into a "cosmetics shop."

This chronic shortage affects all pharmacies throughout the country. However, an Arbaa pharmacist has found a new way to procure drugs: he goes all over the country in search of drugs.

"Sometimes, I cover thousands of kilometers just to bring back a small amount of Catalgine, for instance."

Hospitals agreed, especially the Mustapha University Hospital, where we met the head pharmacist, Mrs. M'Hamsadji. This hospital is not affected by the shortage because the management overstocked last year.

"The ENAPHARM [National Pharmaceutical Enterprise] supplies us regularly, but each delivery is short by a quantity equal to about 17 percent of our overall demand. This shortage is all the more important as it involves essentially products such as antibiotics, cancer drugs, etc. [quotation marks as published]

In addition, there is the question of the budget allocated to hospital pharmacies. "For us," she went on, "it amounts to 5 billion centimes. This is far too little to cover all our purchases, considering that drug prices keep rising."

Moreover, a Tlemcen pharmacist indicated, the "Pharms" now demand cash payment for all drug purchases. Hoping to be supplied within the shortest possible time, Mrs. M'Hamsadji applies a policy of austerity when it comes to distributing drugs to the 30 clinics supervised by the hospital.

For instance, the diabetes department gets a weekly insulin quota, and drugs for heart patients are delivered only upon presentation of the patient's chart signed by the attending physician.

#### Barter: A Solution?

Pharmacies also barter among themselves the drugs they have in stock for those they lack. This is one way to solve shortage problems.

Another expected outcome of the crisis is direct purchasing from SAIDAL [the state-owned pharmaceutical company] although, according to Mrs. M'Hamsadji, it "cannot meet all of our needs."

Same diagnosis at the Pierre and Marie Curie Center [CPMC]. The drug shortage is a hardship for both patients and physicians. This clinic, the only one of its kind, treats many cancer patients from all over the country, who used to be treated abroad at State expense.

Their admission to the CPMC made possible a considerable foreign-currency saving. This can be used to import certain products indispensable to treat tumors. But the current nonavailability of these "vital" products at specialized pharmacies forces patients to get them on their own. Faced with such a shortage, a group of CPMC physicians had to choose between reducing the number of products (drugs) to be administered, or replacing some of them with others (mostly ineffective), or, as a last resort, postponing the patient's hospitalization.

"Products such as 5-Fluoro-Uracil, Metrotexat, Endoxan, have been lacking since March 1991," Mrs. Hammiche, the CPMC head pharmacist, pointed out.

Professor Henni wonders about this unacceptable paradox: "Sometimes very expensive products, the result of the latest scientific research, are available in pharmacies, whereas traditional drugs, quite affordable generic products, are totally lacking...."

#### Patients' Solidarity

According to Prof. Henni, however, "the situation at the center is not tragic, thanks to the extraordinary solidarity shown by the patients. In addition, many associations of a social nature (El-Fadjr) help us overcome this drug crisis. These associations provide financial as well as moral help."

"Sometimes, patients see their 'SOS-drug' ad echoed through the national media. This is another gesture of solidarity that we appreciate as it is an important indicator of national solidarity."

Prof. Henni believes that it is essential for the Ministry of Health to establish "a national health and drug policy. A strategy of therapeutic consensus would strictly rationalize supply and distribution while respecting a medical hierarchy based on treatment priorities."

#### ENAPHARM: "No money"

The ENAPHARM director does not mince his words; he attributes this critical situation to the lack of financial resources: "I am like someone who is expressly asked to go food shopping after his pockets have been picked clean," he exclaimed.

#### For a Therapeutic Policy

Mr. Benloucif is heading a company with a capital of 1.5 billion centimes and a bank overdraft of 200 billion centimes. "The ENAPHARM deficit is the result of the economic policy to which we have been subjected in recent years," he explained; "it consists in imposing very low prices in spite of the constant devaluation of the dinar."

"All these negative factors cause financial partners to demand repayment of all amounts overdue whenever a credit line must be obtained, plus a guarantee for any new credit, the latter being given for only 360 days."

The ENAPHARM, therefore, seems stifled. The rate of shortage in pharmacies and at hospitals, as of 31 January 1992, was estimated at 48.6 and 14.3 percent, respectively.

On the subject of the 2 billion francs allocated to import raw materials and drugs, the ENAPHARM director acknowledged that, yes, he heard about it through the media, but until then had not been told, much less allocated anything.

At the Ministry of Health, the official in charge, Mr. Louze, was truly sorry that he could not see us, much less give us an appointment. Too bad!

This being said, we should note that the leading Algerian pharmaceutical laboratory, recently inaugurated in Boudouaou, will provide considerable relief in that it offers a broad range of products, most of which used to be in very short supply.

In addition to this laboratory, a project for a pharmaceuticals complex with a capacity of 6 million units was also adopted; this should pave the way for a daring policy of self-sufficiency in the strategic sector of medical drugs.

## BANGLADESH

### Statistics on Children's Diseases Released

92WE0274 Dhaka THE BANGLADESH OBSERVER  
in English 20 Dec 91 pp 1, 10

[Text] Two under-five children die a minute in Bangladesh of various children diseases.

It was disclosed at a press conference held by UNICEF to launch State of the World's Children 1992 report on Thursday at a local hotel. Cole P. Dodge, UNICEF representative in Bangladesh addressed the conference. Delwar Ali Khan, Senior programme co-ordinator and Mr. Mendis, Senior Planning Officer of UNICEF were present at the conference.

It was revealed in the Press conference that in Bangladesh 2,400 children die a day and a total of 8,70,000 [as printed] children die a year.

About 30,000 children become blind a year due to lack of vitamin "A" and half of these blind children die within a few months.

Improvement of sanitation and rural health care could reduce the children death in the country, Mr. Dodge added.

BSS adds: Mr. Dodge said UNICEF had pledged for a renewed international commitment to the task of ending mass malnutrition, disease and illiteracy in the poor world. One billion people still lack adequate food, safe water, primary health care and basic education, the report said.

Mr. Cole P. Dodge had words of praise for various programmes incorporated in the fourth five-year plan to reach the goals of health for all, education for all and various social welfare programmes.

UNICEF's Executive Director James Grant in his report on State of World's Children which was released today, said among other things, preventing four million child deaths a year, ending mass malnutrition, eradicating polio, ensuring clean water, family planning services and basic education had been agreed upon in World Summit for Children in September last. Today, immunization is saving the lives of over three million children a year and protecting many millions more against infection and malnutrition, he mentioned. "Such programmes also help to slow population growth," says UNICEF Director "because parental confidence in the health and survival of children is vital to family planning efforts."

### Outbreak of Chicken Pox Causes Panic

92WE0334A Dhaka THE NEW NATION in English  
13 Jan 92 p 11

[Excerpt] Gazipur: Chicken pox has broken out in an alarming proportion in the town creating panic among

the people. Patients are pouring into the hospitals and clinics in large numbers. The disease is engulfing new areas, it is learnt.

Curative medicines are also scarce in the hospitals. Besides, these medicines are also not available in the market. Doctors attributed taking of adulterated food and impure water to be the cause of the outbreak of the disease. Local elite have urged upon the authorities to take immediate steps to combat the spread of the disease. [Passage omitted]

### Tuberculosis in Pabna, Other Areas

#### Five Thousand in Pabna

92WE0331A Dhaka THE BANGLADESH OBSERVER  
in English 14 Jan 92 p 9

[Excerpt] Pabna, Jan 12—At least 5,000 people including women and children have been attacked with tuberculosis due to tobacco dust pollution, reports UNB.

At least 130 tobacco preparation factories have been set up in the residential areas near the TB Clinic, Medical School, Muktiyoddah Sangsad office, Shaigaria road and other places violating government rules.

According to local physicians, tobacco dust affects human blood resulting in attack of bronchitis, pneumonia, tuberculosis, ulcer and gastric ulcer. The dust also creates problem for the eye sight.

The affected people have urged the authorities to take action against the unauthorised dust factory owners to save the people from the attack of TB and other related diseases. [passage omitted]

#### Cases in Maulvibazar, Habiganj

92WE0331B Dhaka THE BANGLADESH OBSERVER  
in English 30 Jan 92 p 9

[Excerpt] Maulvibazar, Jan 28—The number of TB patients is on increase in Maulvibazar and Habiganj districts recently.

According to Maulvibazar TB Clinic, 1,234 TB patients, out 4,306 men and women examined in 1991, have been detected.

The number of TB cases detected in 1988 and 1989 was 4,569 in these two districts.

It may well be mentioned here that a T.B. clinic was established at Maulvibazar in 1968 for 14 upazilas of Maulvibazar and Habiganj districts. There is no other clinic or hospital for treatment of T.B. patients.

The only T.B. clinic for two districts is quite insufficient to cope with the situation.

Lack of maintenance, sanitation, medicine supply and shortage of spare parts which are hampering the treatment.

All furniture have worn out and these have not been replaced in spite of several reminders.

There is no transport in the clinic though a driver was posted for the purpose 4 years ago.

Besides the posts of lady health visitor and a pathology have been lying vacant. [As published]

### Need for Viable National Health Policy Stressed

92WE03294 Dhaka THE BANGLADESH OBSERVER in English 10 Feb 92 p 5

[Editorial: "Universal Health Care"]

[Text] To the ordinary man, illness can be more than a temporary traumatic experience; it can spell disaster for both himself and his kith and kin. Delay in seeking the medical advice he needs can cause him permanent physical damage, but his need to work, to earn for his family, predominates his thinking. For most, however, attendance at the few state-run hospitals and other institutions will not provide him with the relief he seeks for. Over the past years, the quality of service has steadily declined, leaving him somewhat in a "Catch 22" situation.

Faced with the indisputable fact of declining facilities in state-run hospitals, everyone too must be aware, not only of the decline in services, but must be equally aware of the impossibility of the poor nation of Bangladesh to continue to provide substantial health services to the people, due in the main to the rising costs involved in this provision. It is quite evident from the above facts that the formation of a workable National Health Policy is long overdue. It is time a high powered commission on national health issues be formulated to look into the matter of basic health services for a tired nation.

This is a matter of concern not only for the government but also for the affluent sector of society. The evidence of declining health standards is there before our eyes for all to see, for it is difficult today, if not impossible, to find a single person who is not suffering from the many forms of malnutrition with lasting affect on their health.

Babies who cling desperately to their mother's breast looking for all the world like skinny baby crows with forlorn expressions mirroring their despair, for their mothers have long since been unable to provide them with any sustenance from their withered breast. Young men, who should have been in their prime, walking aimlessly in the streets and by-lanes of an equally tired city, or idling away their days in the fields of rural Bangladesh. No longer capable of feeling, these stunted and wasted human skeletons are now incapable of functioning beyond the basic need of eating in order to survive, so they scavenge for whatever comes their way. Staring with sightless eyes at passers-by they can no longer summon up even feelings of envy for those more fortunate than they. These are the people for whom a National Health Policy is a must.

For those working in the formal sector of the economy and on whom the burden of maintaining a large percentage of the populace truly lies can, perhaps, be provided with mandatory health care. Perhaps this will mean that employers take on heavy insurance coverage so as to provide for such services, but it will be money well spent, for there is no greater importance than a nation's health.

Plans which provide for mandatory health care to employees may not function well, or even at all, unless controls are placed on doctor's fees, and here is where health services tend to fall apart. Yet doctors, too, have a moral responsibility to helpless humanity, particularly if educated in subsidised medical training institutions at considerable cost to the state. This is the one fact all too often overlooked by those unwilling to make sacrifices in the interest of the people.

With the year 2000 just around the corner and the words "Health For All By 2000" ringing in our ears, it is pertinent for us to review the progress to date for achieving this ambitious plan and take the necessary steps to keep it moving forward. And no National Health Policy can be complete without provision of proper maternity care, still one of the most neglected areas. As more women are drawn into the workforce, result of government policy, this is likely to become a top political issue. There are many areas requiring our expert attention that, unless we act now, we shall not achieve our goal. The need to formulate a National Health Policy arrest the decline in services and health, to be certain no-one need die for lack of timely relief, is far too pressing an issue to be shelved.

### Rohingyas Face 'Major Health Crisis' This Monsoon

BK1903091192 Hong Kong AFP in English 0840 GMT 19 Mar 92

[Article by NADEEM QADIR]

[Text] BALU KHALI CAMP, Bangladesh, March 19 (AFP)—Children form the majority of the Burmese refugees fleeing alleged atrocities at home, and need urgent medical attention to fight diseases before the monsoon begins, officials and doctors said.

"The refugees are poor and their children are mostly malnourished as well as suffering from fear and shock, besides suffering from other diseases," said to AFP [AGENCE FRANCE-PRESSE] S.M. Rahim, the government doctor in charge of this camp on the hilltopes [as received].

He said most were communicable diseases like measles, chicken pox, dysentery, skin diseases and diarrhoea, besides respiratory infections.

Malnourished children were also easy victims, he said, adding "we know children are naturally suffering from

psychological problems like fear, but under emergency situation this is lower in priority."

The thousands of refugees, known as Rohingya Moslems, are fleeing to eastern Bangladesh from their homes in Burma's Arakan province, alleging widespread atrocities by Burmese troops which they say have increased in recent days.

Most doctors see a "major health crisis" looming with the monsoon starting sometime this month, as many refugees are still living outdoors in camps that have sprung up. Malaria is a likely problem, they said.

"I lived with my family because Burmese troops were taking boys to work as labourers and many did not return," 16-year-old Saidur Rahman said, fear still very visible on his face.

"We were told they were killed after failing to carry heavy loads," he said.

Rahman had skin infections and fever, which doctors said were respectively from malnutrition and cold.

Eight-year-old Halima Khatun, another refugee, said pointing to two militias watching, "they resemble Burmese soldiers."

Of 1,000 refugees in Kutu Palong Camp, [number omitted] were children, while in this camp of the 70,000, more than 8,000 were under five. The rest were children above 10 and adults.

Doctors said children formed the majority in 10 camps, while two percent of the women were pregnant. A total of 100 babies were born since January, they said.

The influx of Burmese refugees continues daily, pushing the overall number close to 200,000. Thursday, officials said, noting that the flow rate had come down slightly.

At Dhaka Haque, the officer heading this camp said the refugees had no knowledge of family planning and had several births.

"Making children is their only entertainment," he added.

Cyren H. Bangladesh Red Crescent and Bangladesh officials said they had no separate plans for treating children psychologically, but Medecins Sans Frontieres (MSF or Doctors Without Borders) were working on psychological aspect.

MSF's paramedic Catherine Lefebvre said their program was moderate considering the age number of children. Before, children suffered from severe malnutrition, she said.

Doctors and relief workers said they urgently needed anti-malaria and polio vaccinations along with those to treat typhoid as well as dysentery. "Blood dysentery and typhoid are killing most children," one doctor said.

"Unless emergency medicines to treat these problems, it will be a serious situation as the number of doctors are too small to deal with the current situation, and if health conditions deteriorate fast with rains we do not know what will happen," he said, requesting assistance.

G. Rahman Shajahan, a doctor said, "the children's health condition is very serious, besides that due to experiences at home, they are also scared with fast moving vehicles which is a new experience for them."

## INDIA

### Jaundice, Other Diseases in Maharashtra

92WE0212A Bombay THE TIMES OF INDIA in English 3 Dec 91 p 3

[Article "Jaundice Claimed 15 in Beed"]

[Excerpts] Nagpur, Dec. 2 (PTI) Jaundice claimed 15 lives in Beed District of Maharashtra during the last year, the legislative council was informed here today.

In a written reply to questions by Mr. Jaisingh Gadrwal, N. S. Pharande and others, the minister for health, Mrs. Pushpatai Hiray, said Beed District Rural Hospital treated 63 in-patients and 664 out patients. (Paras omitted)

Mrs. Hiray said four persons had died of Japanese encephalitis (encephalitis) in Bhivandi and its adjoining areas of Bombay.

In a reply to questions by Mr. Vasant Patwardhan, Mr. Pramod Nawalkar and others, the minister said 54 persons were affected following outbreak of the epidemic.

Replying to another question, the minister said 30 persons died following an outbreak of typhoid and gastro-enteritis in Thane district in the months of August-September because of water pollution.

### Over 305 Million Indians Exposed to Filariasis

92WE0327A Madras INDIAN EXPRESS in English 6 Feb 92 p 7

[Text] Bhubaneswar—An estimated 304 million people in India are exposed to the risk of filariasis infection according to the latest official figures.

Of these about 22 million are microfilaria carriers, and 16 million chronic filaria cases.

These staggering statistics came to light at a week-long World Health Organisation (WHO) Indian Council of Medical Research sponsored workshop which was inaugurated by ICMR director-general Dr. S.P. Tripathi here on Monday.

About 40 scientists from the United States, Britain, Switzerland, France, the Philippines and African countries are participating.

States which are most filariasis infected are Orissa, Uttar Pradesh, Tamil Nadu, Kerala and Bihar as well as the Pondicherry Union territory.

Orissa has been a breeding ground for filariasis.

The number of filaria cases detected and treated in Orissa in 1980 was 321,702 as against 146,329 in 1971. Showing an 120 per cent increase in a decade.

In India, filariasis is caused due to the infection of *wuchereria bancrofti* and *brugia malayi*. The latter infection was first reported from Orissa's Balasore district in 1928.

Filariasis due to the former accounts for 98 percent and is transmitted by the *Culex fatigans* mosquito. The present national filariasis control programme in India was launched in 1956 based on the results of experiments on pilot projects in Puri district, of Orissa.

#### Progress Noted in Research on New Birth Control Vaccines

BK1903060692 Delhi INDIAN EXPRESS in English  
12 Mar 92 p 8

[Text] The country's population control efforts are likely to receive a major boost by the turn of this century with four different vaccines currently undergoing advanced efficacy trials at various centres.

According to the National Institute of Immunology Professor, Prof. G.P. Talwar, widely regarded as the father of immunology in the country and an active campaigner for drastic measures in the population control programme, of these vaccines, the hCG vaccine is currently being put through phase-2 of the clinical trials. Its safety and efficacy had been established in a multi-centre phase-1 trial carried out at nine institutions in Brazil, Chile, Finland, Sweden and India.

Three of the country's premier medical centres, the All India Institute of Medical Sciences, New Delhi, the Post-Graduate Institute of Medical Education and Research, Chandigarh, and the Safdarjung Hospital, New Delhi, were conducting the phase-2 trials on women in the high fertility age group. Already 642 menstrual cycles had been covered with total protection from pregnancy against the 750 set as the target for establishing statistical relevance.

Outlining some of the details about this hormone-based vaccine, the first birth control vaccine anywhere in the world to have gained international recognition, Prof. Talwar said that the vaccine was an example of a double benefit structured vaccine and was administered using the DPT vaccine as a vehicle. This enabled it to achieve the dual purpose of offering the woman protection from tetanus (one of the commonest causes of death related to

child birth) while also serving as a reversible means of sterilisation. The vaccine had verifiably no side-effects (unlike birth control pills) as it did not alter either estrogen or progesterone levels, nor did it affect normal ovulation. Instead it only encouraged formation of the corpus luteum (leading to menstruation) thereby safeguarding the woman from conception. The World Population Council had acknowledged the safety of the vaccine by establishing the absence of any pathological changes in a trial conducted on 63 monkeys.

Of the three other vaccines, one was an exciting new vaccine called WILSI, based on a neem extract. This vaccine had been tested extensively in the laboratory and found to be a very effective single dose contraceptive with a 306 month cover period. To be administered locally in the uterus, the vaccine was currently awaiting the Drug Controller's clearance for commencement of clinical trials as an adjunct to the hCG vaccine.

Explaining the rationale behind the development of these vaccines, Prof. Talwar said the magnitude of the country's population problem was virtually reaching unmanageable proportions with 16 percent of the world's population inhabiting two percent of the global surface area. Though the basic idea of such vaccines was considered as far back as in the mid-seventies, the requisite political and ethical support had not been forthcoming at that time.

About the existing vaccines in use in the country as part of the universal immunisation programme, Prof. Talwar said everyone now acknowledged that vaccines like Oral Polio, typhoid and BCG had failed to live up to the initial promise. BCG, it was found, offered only 20 percent protection against primary complex and in fact TB and not AIDS still constituted the single commonmost disease in the country with over half a million deaths and 2.5 million new cases every year.

"We are now at the moving front of vaccinology where attention is being paid to therapeutic and not the preventive role of vaccines," Prof. Talwar said.

## IRAN

### Mumps Outbreak in Kuchefahan

92WE0243A Tehran ABRAR in Persian 25 Dec 91 p 9

[Boldface words as published]

[Text] With the arrival of the cold season, the contagious viral disease of mumps has spread in Kuchefahan, a suburb of Rasht.

An educational official of Kuchefahan said in this regard: In a classroom with 60 students, all students who had not previously contracted this disease have contracted mumps.

He attributed the spread of this disease, which appears in children, to the lack of a mumps vaccine.

A physician in Kuchefahan said: The vaccine for this disease is easily found in the private practices in Tehran at high prices and is 80 percent effective. But, unfortunately, it is not available in Gilan.

He added: For this reason, students who have been afflicted must rest at home for 10 days away from school.

He said: This disease has dangerous side effects, including sterility in boys.

This physician added: In addition to mumps, high rates of a variety of skin disorders have also been observed on visits to some of the schools.

He added: In regards to treatment and preventing the spread of this disease, steps have been taken by the health officials of the province.

It is said that the shortage of fuel and the cold weather contribute to mumps appearing in children.

#### **Increase in Aleppo Boil Occurrences**

92WE0243B Tehran ABRAR in Persian 26 Dec 91 p 5

[Boldface words as published]

[Text] In Iran, on the average in 1369 [21 March 1990-20 March 1991], 33 out of every 100,000 persons suffered from the Aleppo boil. This figure compared to 1368 [21 March 1989-20 March 1990], which was 28 people [per 100,000], marks a tangible increase.

In 1367 [21 March 1988-20 March 1989], according to the statistics of the center for contagious disease control of the Ministry of Health, 35 out of every 100,000 people, and in 1366 [21 March 1987-20 March 1988], 42 persons out of every 100,000 people suffered from the Aleppo boil.

Based on these statistics, in 1369 [1990-91], most Aleppo boil cases were found in Esfahan Province, with 7,111 cases, and then in Fars Province, with 4,850 recorded cases. In the provinces of Gilan and Kurdistan this disease has not been observed. Dr. Reza Malekzadeh, the minister of health, said that one of the important factors in the spread of the Aleppo boil is failure to observe proper hygiene.

Speaking at a seminar on the study of the Aleppo boil, "Leishmaniasis," in Iran, he said: The imposed war prepared the conditions for the spread of this disease in the safe areas of the country. The contamination due to this disease infected larger areas with the combatants travelling to various cities.

Concerning the necessary steps to prevent and treat the Aleppo boil, Dr. Malekzadeh mentioned various research projects under way to discover new drugs and produce a vaccine.

Among these projects, the project to produce a killed Aleppo boil vaccine at the Razi serum institute, the

project for treatment with a cream called "paromomycin" in the province of Esfahan, and the project to use killed Aleppo boil vaccine to immunize patients who for various reasons have not responded appropriately to drug treatment [sentence as published].

The Aleppo boil is a skin disease of sorts that is carried by small gnats, stray dogs, vermin, and mainly desert rats. The symptoms of this disease differ, depending on the kind, but generally are accompanied by redness of the facial skin (cheeks, nose, and upper lip) and special hardness to the touch.

Treatment for this disease includes physical methods and surgical treatment or chemical drugs.

The significance of the Aleppo boil is not that it is fatal, but that in the long course of the disease, the wound may be susceptible to secondary infections, the burden on the society for treatment is heavy, and there are physical side affects of the treatment of the disease with the drugs that are available.

The presence of the Aleppo boil in a society indicates the abundance of unhygienic factors such as stray dogs, vermin, and mainly desert rats and gnats of various kinds.

Statistics show that, considering that this disease is shared by humans and livestock, because of the lack of resources to control and prevent its spread and, also as a result of problems in regards to fighting the carrier gnats, the disease is spreading.

#### **Rubbish, Stray Animals Causing Eye Diseases**

92AS0651Y Tehran ABRAR in Persian 29 Jan 92 p 9

[Text] About 35 percent of the students in Khorramshahr have eye diseases caused by the failure to collect building debris.

The above was announced yesterday by Qana'ati, governor of Khorramshahr, at a meeting of this municipality's administrative council. He added: The presence of building debris throughout the city, caused by the destruction of housing and business units during the war, in addition to endangering the health of the people, has provided a haven for stray animals.

The governor of Khorramshahr pointed also to the shortage of building materials in Khorramshahr. He said: Construction and building have stopped as the result of the shortage of construction materials, and it is necessary that officials put an end to the stagnation of building activities. Qana'ati also said the shortage of potable water is yet another problem facing the people of Khorramshahr.

Noting the health care and treatment situation in this city, he said: There are only nine doctors in Khorramshahr. Therefore, in addition to housing, every physician who goes to Khorramshahr will be given three types of basic goods.

## IRAQ

**Minister Notes Deteriorating Health Conditions**

JN2801185592 Baghdad INA in English 1810 GMT  
28 Jan 92

[Text] Baghdad, Jan. 28, INA—Iraqi Health Minister Umid Midhat Mubarak stressed deterioration of the health conditions in Iraq as a result to the U.S.-led aggression on Iraq and the ongoing economic sanctions.

Speaking in the course of a meeting with a UNICEF delegation here today, the minister said Iraq seriously suffers from acute shortage of medicines, medical equipment, anaesthetics, vaccines and communicative diseases [as received] that led to a serious increase in children mortality from six to ten percent against years before the aggression.

The minister also referred to the spread of typhoid, polio and malnutrition among people especially children and urged UNICEF to work for lifting the economic sanctions and releasing Iraqi frozen assets at foreign banks.

The health minister said that Iraq had not received any shipment of medicine which it had contracted for with foreign companies and paid them their full prices since the 2nd of August 1990.

The minister discussed with the UNICEF delegation the program of future health cooperation between the Iraqi ministry and the U.N. organization.

The visiting UNICEF delegation is headed by assistant executive director for operations affairs.

**Health Official Says 31,033 Children Died Due to Embargo**

JN0302093992 Baghdad INA in Arabic 0746 GMT  
3 Feb 92

[Text] Baghdad, 3 Feb (INA)—Health Ministry Under Secretary Dr. Shawqi Murqus has revealed that 31,033 Iraqi children under five have died as a result of the food and medicine embargo on Iraq.

In an interview with AL-JUMHURIYAH published today, he said that 30 percent of the children who died were newborns. He noted that the shortage of medicine and medical supplies, the environmental situation, as well as the lack of milk and food, have direct impact on the lives of children, especially infants.

The Health Ministry under secretary added: The environmental situation resulting from the 30-state aggression has greatly increased the rate of diseases. He noted that the incidence of typhoid, paratyphoid, and amoebic and bacilli dysentery, had increased eightfold, while viral hepatitis A and B had increased twelvefold.

He also stated that viral hepatitis B cases had increased due to the shortage of laboratory materials used for testing blood before blood transfusions.

The Health Ministry under secretary explained that the damage to drinking water purification plants and to sewage treatment plants had resulted in the spread of cholera. He said that 1,217 cases of cholera have been recorded, and that scores of people have died.

He revealed that the aggression forces had committed numerous crimes against the Iraqi citizens. The enemies withheld the anesthetic, nitrous oxide, used in Caesarean sections from Iraqi hospitals. This resulted in the loss of the lives of a number of mothers and children due to performing such operations without anesthesia.

Dr. Shawqi Murqus also said that the enemies had violated the most basic principles of human rights by withholding anesthesia for tooth extractions, and stressed that the embargo on medicine is unjustified.

## MOROCCO

**Seriousness of Hospital Conditions Discussed**

92AF0292Y Rabat L'OPINION in French 12 Jan 92  
pp 1, 3

[Article by Abdellah Benzouina: "Medical Profession Calls For Help"]

[Text] The public health sector is becoming an unavoidable subject not only because of the extreme poverty of all the hospitals in the Marrakech Governorate but also because a longstanding dispute is continuing to divide the medical profession in the surgical departments.

The Public Health Department is being seriously affected by that illness, which the supervising ministry is trying to heal by the use of simple tranquilizers.

We have been told more than once that no one dares burst the abscess to disinfect it because everyone—except the patients, of course—is benefiting from it.

One is tempted at first to minimize the conflict existing between a chief physician and his surgeon colleagues, but the remarks we heard on the spot quickly made us bow to the evidence concerning the seriousness of the problem.

Right away, the person I was talking to exclaimed: "There is no longer any public health; it's more like public rubbish." And he added: "Frankly, the unhealthy atmosphere that prevails in the surgical departments because of mutual incompatibility between the chief physician and the personnel is poisoning working conditions and sometimes bringing things to a complete standstill." "It's intolerable," we were told by one of them, who is convinced that cohabitation with the official in question, who does exactly as he pleases, is almost impossible.

The person we were interviewing knows what he is talking about, and judging from what he says, one can

only hope for a miracle to restore the hospital's operations to normal. One can therefore understand the dissatisfaction felt by the medical personnel, who are fulminating with rage and waiting for the top authorities to condescend to solve this problem for good.

In another connection, our curiosity was also attracted by another situation that is even more alarming: the condition imposed for being admitted to the hospital as a paying patient is no longer a secret from anyone, and professional ethics are also absent from the emergency room, where we witnessed a distressing sight: a young intern abandoned patients in coma to go "kid around" with some buddies who had come to talk to him in the yard.

For their part, the medical personnel have grown weary and [text missing] examples of shortcomings, which show how far the spirit that motivates that noble office has been perverted.

One must see the deplorable conditions in which patients are housed and fed to realize the extent to which those facilities have deteriorated.

One is forced to note the lack of public spiritedness and humane feeling among certain administration and management officials who are not ashamed to serve an unwholesome and unbalanced diet. And it is not the medical profession that should have to be educated in morality or taught sanitary and food hygiene. Our witness said it was a scandal as he told us how, after visiting hours are over, certain staff members have gotten into the habit of squabbling over the possession of food bought by relatives of patients.

Even more scandalous is the fact that the massacre of public health is taking place in full view of local officials who are theoretically responsible for the public's health.

In conclusion, we add our voice to that of the medical profession, which is calling for someone to come to the aid of a sickly public health sector. In other words, we dare to hope that the appropriate authorities will step in to put an end to a situation that honors neither the medical profession nor the medical calling and whose main victims are the patients.

**'Deplorable' Conditions of Rural Hospitals Noted**  
92AF0292Z Rabat L'OPINION in French 13 Jan 92 p 3

[Article by K.M.: "Health District for 230,000 Inhabitants"]

[Text] The crossroads city of Sidi Slimane is located 60 km from Kenitra, 20 km from Sidi Kacem, 60 km from Khemisset, and 50 km from Souk Larbaa.

Its population is approximately as follows:

- Urban: 100,000 inhabitants
- Rural: 130,000 inhabitants
- Total: 230,000 inhabitants

As far as their medical needs are concerned, those inhabitants are served by a single health district dating back to the time of the protectorate and known as the Rural Hospital. The district includes a hospital whose 24 beds are generally used for medical observation, but it is stated that the Rural Hospital currently serves as a well-structured hospital, which is not the case. Patients undergo prolonged hospitalization because it is realized that there is no way to follow up on a patient or to make a scientific diagnosis.

Besides those 24 beds, there is also a maternity clinic 3 km from the Rural Hospital at the urban dispensary in Ouled El Ghazi. When on duty, health professionals find it very difficult to get there to examine a patient when needed.

The city of Sidi Slimane has a second urban medical clinic in the Loughmaryene neighborhood. That clinic is in deplorable condition, and several letters have been written concerning its upkeep and modernization. Its condition is known to everyone, including local health authorities and elected officials.

It would be desirable for the departments concerned to look into this situation, which is unworthy of a public establishment.

The rural population is served by five units, only one of which—Dar Bel Amri—has a medical staff. Their condition is also deplorable—one gets the impression that there is no provincial maintenance department.

It is no secret from anyone that the population of Gharb in general is increasing at a rapid rate.

In the Sidi Slimane Health District, the number of newborns recorded annually is on the order of 7,000.

As regards emergency care, the district has two ambulances in defective condition, and God only knows the difficulties faced by the doctors when it is urgently necessary to take a patient to the hospital in Kenitra or Rabat. This state of affairs is also no secret from anyone, and it is time that officials remedied it.

In view of that degrading situation, it is imperative that officials in all the departments concerned turn their attention to the construction of an area hospital with a capacity of 240 beds and offering the minimum level of special services, as follows:

- A surgical department
- A pediatric department
- A gynecological-obstetrical department
- A medical department
- A lab and a radiology department.

Along with that, the preventive health infrastructure that should long ago have met current standards for the technical departments must also be provided.

**Banned Pharmaceuticals Still Available**

92WD0344A Rabat L'OPINION in French  
30 Jan 92 pp 1, 3

[Article by A.B.: "Glafenine Banned in Morocco?"]

[Text] The Roussel Diamant Maroc laboratory has just sent a circular to pharmacists and physicians instructing them to stop selling drugs that contain Glafenine, Glifanin, and Adalgur, a praiseworthy measure indeed, but one that nevertheless presents certain problems such as mail delays and the failure of some pharmacists to receive the circular. Above all, it only applies to special products put out by the laboratory itself.

Other medications containing Glafenine but produced by other laboratories, Myantal, for example, are still on the market in Morocco.

It would have been more appropriate for the Ministry of Public Health to put out a press release on the subject, which would have been more effective and faster.

Glifanin and Adalgur: Are they banned in Morocco or not? A circular from Roussel Diamant Maroc dated 21 January 1992 states that on 17 January 1992, the laboratory contacted the Ministry of Public Health and decided, with its consent, to apply the same measures in Morocco.

The letter/circular is supposedly being sent to all practitioners, pharmacists, and wholesalers in the country, but such is apparently not the case.

Several pharmacists contacted by us emphasized that they had not yet received anything, either from the Ministry of Public Health or the laboratory in question.

A number of pharmacists confirmed that they have indeed received the letter. However, pharmacies in tiny villages reported that as late as 28 January, they still had received nothing, a delay that could be attributed to the mail, particularly since these are villages in remote areas. However, how can one explain the fact that a pharmacy in the heart of the capital would not be informed either of the ban on drugs containing Glafenine or of the existence of the notorious circular from Roussel?

Furthermore, the circular itself says nothing about stock that pharmacies already have on hand. Will the manufacturer pick up such stock or will it just let the pharmacies "muddle through" as best they can?

All these questions and speculation could have been avoided if the Ministry of Public Health had taken it upon itself to publish a press release on the subject.

That way, as in Tunisia, all social brackets would have been informed by the 17th or 18th.

Another problem must be considered when it is the laboratory itself that announces a ban on a drug. In such a case, the laboratory's decisions concern only those drugs it produces itself and, as everyone knows, a drug

based on a certain chemical or chemicals is not produced by just one laboratory. The brand name does indeed vary from one laboratory to another, but it is the same drug, with minor variations.

Insofar as Glafenine is concerned, for example, only Adalgur and Glifanin have been banned.

Several physicians interviewed on the subject told us of their astonishment that Myantal, also containing Glafenine (200 mg), had not been banned as well.

**Lack of Dialogue Blamed for Status of Health Sector**

92WE0285A Rabat L'OPINION in French 10 Feb 92  
p 6

[Editorial by Mohamed Idrissi Kaitouni: "When Dialogue Is Lacking"]

[Text] Once again, public health personnel are being forced to resort to strike measures. The right to strike is guaranteed by the Constitution and is a last-ditch effort for these workers to call attention to their demands. The refusal of Public Health Department officials to engage in serious and productive dialogue with the General Union of Moroccan Workers (UGTM) and the CDT [Democratic Labor Confederation] has dictated the unions' decision to call the strike. Talks would examine the grievances of all categories of public health workers, whose rights have been disregarded and whose accomplishments are being threatened by the stubborn refusal of officials to give health care the attention it deserves. The attitude of the public health officials reflects the government's policy of sacrificing social services. Yet it is inconceivable that Morocco will make any socioeconomic progress unless we preserve the health of our citizens and guarantee them a way to get the care they need in the best possible setting.

The lack of interest and withdrawal of the officials is part of the government's policy to disengage the state from certain key sectors, such as health. The government's involvement in health care continues to dwindle, and the overall trend is toward rejecting the principle of free care. This is so despite the fact that very many people already lack access to health care, and have even less access to social services.

By opting to bury their heads in the sand and to flee constructive, objective dialogue, public health officials are only further complicating the problems of health care. They are helping create very unwelcome social tension that could be avoided with a show of good faith on their part.

Public health workers are both aware of their duties and obligations and anxious to defend their rights. They are not asking for the impossible. All they want is a salary raise to counter the effects of inflation and their reduced

purchasing power, tax relief and the right to the exemptions and advantages given to other categories of civil service workers; free health care for Moroccans, etc.

Their demands also concern internal promotions, protection against occupational hazards and compensation for those hazards and for overtime, round-the-clock operation of health-care facilities and holidays, bonus pay for technical specialization and added responsibility, revisions in professional status, the creation of a basic infrastructure, and the resources essential to accomplishing their mission under better conditions.

Their demands, then, do not involve anything exaggerated or designed to back officials into a corner. The whole problem, however, is that officials have become allergic to worker demands, no matter how justified and legitimate they may be. Consequently, they refuse to sit down at the negotiating table to begin serious preliminary talks and to find fair and equitable solutions to the problems raised.

## PAKISTAN

### Health Minister Describes Public Health Program

92WE0344A Karachi DAWN in English 16 Feb 92 p 5

[Article: "Health Care Assured"]

[Text] Karachi, Feb. 15: Federal Minister for Health Mr. Tasneem Nawaz Gardezi said on Saturday, that the government has taken various measures to provide an effective health cover to the public, especially in the under developed areas.

Speaking at the 35th graduating ceremony of College of Nursing, Jinnah Post Graduate Medical Centre (JPMC) here, the Minister said the provision of health facilities in the country was not very satisfactory and infectious as well as chronic diseases were becoming great concern to everyone in the country. He said, infant and maternal mortality rate in Pakistan was high.

Elaborating the measures taken by the government, he said it would ensure provision of one basic health unit (BHU) in each Union Council level. About 85 percent union councils have already been provided BHUs, he added.

He said, the rural health centres have already been provided with x-ray machines and laboratory facilities. He said, specialists were being posted at Tehsil hospitals and District Hospitals.

Regarding para-medical staff, the Minister said the government had removed restriction of certain conditions to persuade the women to adopt the nursing profession. He said, nurses would now no more be required to stay in hostels.

The Federal Health Minister said the government was committed to the task of "Health for all by the year 2000."

Earlier, Director JPMC, Prof. Dr. Hamid Shafqat enumerated various steps of the management to provide facilities to the trainees in nursing college. He said, "Despite financial constraints, the management is running the college with the same standard of efficiency."

Later, the Minister distributed medals and certificates among the successful graduates.

# Murmansk Hospital Virtually Out of Medicines

92WE0216A Helsinki HELSINGIN SANOMAT  
in Finnish 23 Dec 91 p 5

[Article by Marja Salmela: "Hospital Patients Languishing Without Medicines in Murmansk; Hygiene Has Broken Down, Shortage of Food Is Making Hospital Waiting Lines Longer"]

[Text] Murmansk—There are no more than a few dozen preparations left in the medicine cabinet in the Murmansk railroad workers hospital, and they are enough for only a month. The doctors are saving the few pills they have and are providing medication for only those patients who are in critical condition.

Patients suffering great pain lie there without anything to ease it, eight persons to a room and in the corridors. They ran out of painkillers many months ago. Hygiene has broken down at the hospital. Because the hospital laundry is not in operation, the bedding is changed at two-week intervals.

## "All kinds of Aid Are Really Needed"

"We lack everything; all kinds of aid from Finland are really needed," assistant chief physician Nadezhda Stebletsova sighed. "There are no cotton, no bandages, no disposable gloves, no catheters, no intravenous infusion sets, no solutions, no stomach ulcer and heart medications...."

With slightly more than 100 beds, the hospital does not come under the jurisdiction of the Ministry of Medicine, which is why it does not get medicines from state stores. The railroad company no longer has any hard currency with which it could buy supplies from abroad for its own hospitals.

There are still some medicines left in the company dispensary in St. Petersburg. "When we report the data on a patient by telex to them there, we may get something by mail. But the mail makes the 1,200-km trip increasingly more slowly, and shipments are not reaching their destinations more frequently than before...."

At the same time that the shortage of medicines is getting worse, more railroad workers and their families are flooding the hospital to be treated. The longstanding food shortage is adversely affecting the general health of old people, in particular, and aggravating illnesses. About 20 additional patients are at present lying on beds in the hospital's drafty corridors.

Five hundred persons a day visit the polyclinic. "Of course, we try to examine them, but it's very hard to make diagnoses because we lack ultrasound equipment and an electrocardiograph. The X-ray equipment is also about 20 years old," Stebletsova described the situation.

She said that it is often pointless to prescribe medication for those who come to the clinic. Many prescription

drugs are no longer available in the pharmacies. They can be found on the black market, but the prices may be many tens if not hundreds of times the normal prices. "You used to be able to get a package of painkillers for 12 kopeks; now it costs 12 rubles. Women have to cough up 100 rubles for hormone preparations."

## Only One Respirator in Intensive Care Unit

The situation has not yet gotten to be as catastrophic in Children's Hospital No. 2 as it is in many other hospitals in this city the size of Helsinki. "At least up to now, child care institutions have been given preference over others," chief physician Oleg Sinopalnikov said proudly.

When he was showing a Rovaniemi member of the Friendship Aid for Murmansk Committee the 320-bed hospital, shortages were evident everywhere. There were no instruments for examining the lungs, heart, and internal organs. There were only one respirator and two incubators in the sole intensive care unit. Instruments and other devices were lacking in the operating rooms. In the urology department, the chief physician explained to us that the equipment had broken down several months ago. "It couldn't be repaired for lack of parts," the chief physician explained.

As for laboratory operations, they are hampered by a shortage of chemicals. Many tests simply cannot be performed. Sinopalnikov was delighted when the visitors from Rovaniemi brought the materials requested by the hospital as a gift from its sister city.

The hospital is also in sore need of antibiotics and asthma drugs because children on Kola suffer from diseases of the respiratory passages and lungs, in particular.

## Needles for Donated Syringes Missing

The children's hospital has already received a little aid from abroad, but the recipients of the donations have hardly benefited from the shipments. "Can one of you read Norwegian so that you can tell us what the packages contain and in how large a dose the pills should be administered?" the chief physician asked, dredging up bottles of pills sent six months before by a Norwegian civic organization.

Sinopalnikov ventured to relate how one aid organization had sent the hospital disposable syringes, but the needles were missing. In another shipment, there were needles, but they were the wrong size. "They're all in storage now, unused, even though we have a crying need for syringes."

The chief physician hoped that brief descriptions of the contents in Russian would be attached to aid packages and that instruments and equipment would be checked to see that all parts function properly.

He would be glad to receive anything, from beds for children to treatment materials. "Early next year, a new

wing is to be built, but I don't yet know how we're going to get equipment and instruments for it."

### **Moscow Poliomyelitis Expert Assails Aversion to Vaccination**

PM1202150192 Moscow ROSSIYSKAYA GAZETA  
in Russian 8 Feb 92 First Edition p 8

[Report by Mariya Nikolayeva under the general heading "Rumor Has It... But What About the Facts?": "Children in Risk Group"]

[Text] The newspaper's editorial office received a report on a possible outbreak of poliomyelitis in Moscow. This rumor was fired by yet another alleged shortage—vaccines for immunization. Its production requires biological material from monkeys, but unfortunately we do not have the currency to purchase this substance. Thus, only one in three children under the age of one is vaccinated against poliomyelitis.

Our correspondent asked Dr. V. Mironova, epidemiologist at the Moscow City Center of the State Sanitary-Epidemiological Inspectorate, to explain.

"Poliomyelitis is the the most serious of infectious diseases. It strikes at the whole organism, but especially the skeletal and motor [oporno-dvigatel'naya] system. The disease often progresses with various complications and, worst of all, it is actually incurable. So it makes more sense to talk about preventing rather than treating this truly terrible ailment. The most reliable means of protecting oneself from the virus is regular vaccination. Incidentally, it is quite painless—the vaccine takes the form of a pink liquid and enters the body through the mouth. The vaccinated child develops a stable immunity—the guarantee of a continued healthy life. The earlier the child is vaccinated, the lower the risk of infection.

"I have heard nothing about a shortage of vaccine, although it is well known that the number of nonimmunized children increases with every month. But the reason lies elsewhere. There is a rising incidence of parents refusing vaccination for no reason. This was prompted by what in my opinion was a damaging discussion initiated in the media a short while ago.

"If we are talking specifically about the vaccine against poliomyelitis, it has no side effects on the child's health. In many countries in the world children are vaccinated as a matter of course. There is no other way of protecting oneself from infection. So the actual question on the possibility of an epidemic breaking out is quite justified.

"We know of cases where a 'rogue' poliomyelitis virus has circulated among children in preschool nursery institutions. Parents should think about the terrible risk to which they are exposing their children by refusing vaccination.

"There is a view that poliomyelitis is a children's disease, but if an epidemic should break out—God forbid—this disease will trample everyone in its path, regardless of age. But I must stress that only nonimmunized people constitute the 'risk group'."

### **Poliomyelitis Institute Stops Production of Polio Vaccine**

LD3103103892 Moscow Radio Rossii Network  
in Russian 1900 GMT 30 Mar 92

[Summary] The Moscow Poliomyelitis Institute needs 1 million dollars worth of assistance. Due to the economic situation it has halted production of the vaccine against polio. This was announced by WHO, which said that this institute was the only one producing the vaccine for the CIS countries and Eastern Europe.

### **Accident at Khabarovsk Pumping Station**

LD3103175892 Moscow ITAR-TASS in English  
1126 GMT 31 Mar 92

[Article by ITAR-TASS correspondent Anatoliy Vostokov]

[Text] Khabarovsk March 31 TASS—An accident which occurred today at a local pumping station claimed the life of one man on duty. More than 100,000 cubic metres of unpurified wastes are now pouring into the Amur river. All this filth has reached the area of the waterworks, supplying the population with tap water. The danger of its bacteriological and virus infection is not ruled out. The basements of several buildings are flooded with sewage water due to the accident, which has deranged the city's pumping system.

## FRANCE

**Mandatory Screening Before Transplants or Grafts**

92P20174A Paris LE FIGARO in French 1 Mar 92 p 9

[Unattributed article: "Screening Before Organ Transplants in the 'Journal Officiel'"]

[Text] A decree which appeared Wednesday in the "Journal Officiel" directs that screening for several diseases—AIDS, hepatitis, and syphilis—is to become mandatory before all organ transplants, skin grafts, or cell grafts from the human body. Announced last November by Minister Delegate of Health Bruno Durieux, this procedure reportedly has been "already systematically practiced upon organ donors since 1985," according to Professor Christian Cabrol, current president of France-Transplant. The decree directs that from now on, "the physician performing the operation is responsible for ascertaining that the biological examinations undergone by the donor are negative for infection by the HIV-1 and -2 viruses and by the HTLV-1 and -2 viruses." The HTLV-1 virus is responsible for some adult leukemias and tropical spastic paraparesis. The HTLV-2 virus is responsible for some leukemias and lymphomas.

Regarding medically assisted procreation, the medical profession is also urged to exercise the utmost caution. The "Journal Officiel" specifies: "The physician responsible for the collection or removal of human gametes from donations for the purpose of medically assisted procreation," must screen for the HIV-1 and -2 viruses, the HTLV-1 and -2 viruses, and also screen for hepatitis B and C and syphilis.

Finally, concerning sperm donations, the physician must ascertain that the microbiological examination of such sperm is normal. Last November, when Bruno Durieux announced the forthcoming signing of a decree, Professor Cabrol pointed out that "this screening has been practiced since 1985 and not one case of transmission by transplant has been reported or discovered." The president of France-Transplant added that this association has expanded screening to other viruses: those of hepatitis B and C, cytomegalovirus, and of other germs, such as the one that causes toxoplasmosis.

## IRELAND

**Hospitals Report Long Waiting Lists for Treatment**

92WE0315A Dublin IRISH INDEPENDENT in English 31 Jan 92 p 6

[Text] Twenty two thousand patients are on waiting lists for routine procedures with people waiting for up to four years for heart surgery, a new report claims.

An Irish Hospital Consultants Association report says the most disadvantaged members of the community are

suffering long delays in gaining access to routine surgery and treatment, according to the IRISH MEDICAL TIMES.

The report recommends:

- An increase in the stock of beds in public hospitals by between eight and 12 percent.
- An upgrading of medical staff in out-patient and emergency departments and improved staffing levels for diagnostic services.
- The installation of computerised information systems so that test results can be passed on to doctors quicker thus freeing beds sooner.
- One day assessment beds in accident and emergency departments.
- Community hospitals run by GPs for patients with illnesses like pneumonia.
- The report also recommends the abolition of the country's eight health boards and their replacement by a new Health Executive Authority which would manage general, psychiatric and public voluntary hospitals.

## UNITED KINGDOM

**Firm Develops Hepatitis A Vaccine**

92WS0286B Paris LE MONDE in French 18 Jan 92 p 11

[Article by Franck Nouchi: "Hepatitis A Vaccine Developed"]

[Text] On Wednesday, 15 January, British pharmaceutical firm SmithKline Beecham announced that it had developed a vaccine for immunization against Hepatitis A. It is being manufactured at Rixensart in Belgium and called Havrix, and is expected to be marketed this year in Europe. It is the first efficacious vaccine against this form of hepatitis, which may occur sporadically, or, on the contrary, in epidemic form.

Virus A is transmitted by fecal-oral contact, water and food being the principal vehicles of contamination. There are no efficacious treatments against the A virus.

On the other hand, prophylactic measures (prevention of fecal contamination of water, purification and monitoring of drinking water, sanitary inspection of food eaten raw, and administering of immunoglobulins during the first two weeks following exposure) provide protection against the occurrence of clinically apparent hepatitis in 80 to 90 percent of the cases.

**Disappearance of Immunity to VHA**

According to a study published on 15 July 1991 in *BULLETIN EPIDEMIOLOGIQUE HEBDOMADAIRE*, a rapid decrease of anti-Virus A antibodies, probably owing to improvement in sanitary conditions, is being observed in France.

If this trend continues, a great majority of France's children may have no immunity to VHA [Viral Hepatitis

A] by the year 2000. It is estimated that 40 percent of 11- to 15-year-olds presently have anti-Virus A antibodies. The consequences would be an increased risk of developing occasionally serious cases of hepatitis, and an increased risk of an epidemic.

The authors of the study conclude that commercialization of the vaccine "will probably bring a solution to what could become a major public health problem in the years to come."

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